

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee ARENA ONLINE			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016		
Mailing Address 1780 WEST SEQUOIA VISTA CIRCLE			Amount 3586.00		
City SALT LAKE CITY	State UT	Zip Code 84104	Transaction ID : SE.1 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2016		
Purpose of Expenditure DIGITAL ADS		Category/Type			
Name of Federal Candidate PATRICK MURPHY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: FL			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 1470593.48					
Full Name of Payee DMM MEDIA			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016		
Mailing Address 1911 N. FORT MYER DRIVE, STE 400			Amount 14279.98		
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE.2 Date of Disbursement or Obligation MM / DD / YYYY 07 / 15 / 2016		
Purpose of Expenditure TV AD PRODUCTION		Category/Type			
Name of Federal Candidate PATRICK MURPHY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: FL			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 1470593.48					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			17865.98		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caleb Crosby</u> [Electronically Filed]			Date MM / DD / YYYY 07 / 15 / 2016		

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 15 / 2016
Mailing Address P.O. BOX 25093		Amount 1452727.50
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Expenditure TV / MEDIA PLACEMENT	Category/Type	Transaction ID : SE.3 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2016
Name of Federal Candidate PATRICK MURPHY	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 1470593.48		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1452727.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1470593.48

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY
07 / 15 / 2016

Signature